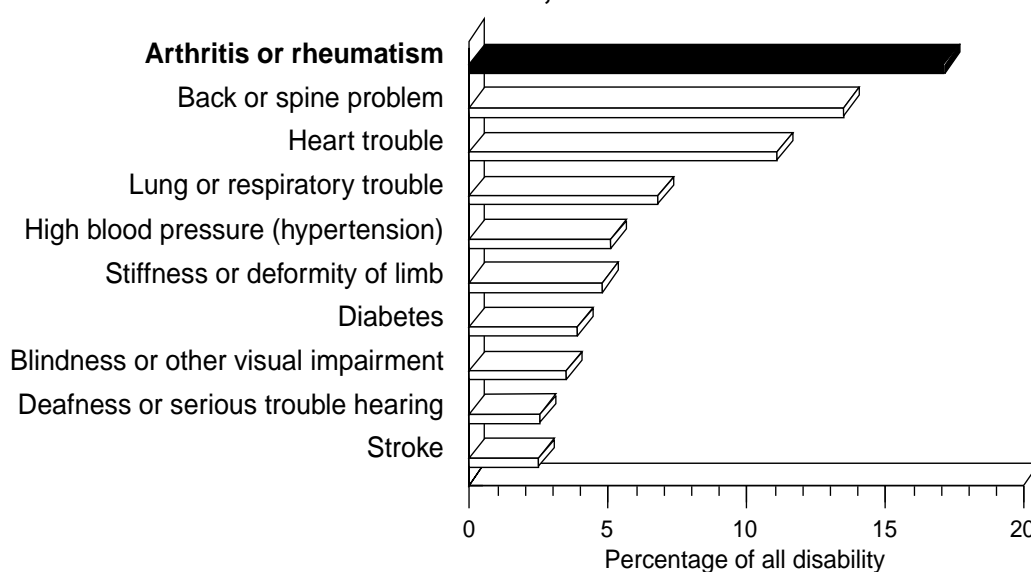


Targeting Arthritis:

The Nation's Leading Cause of Disability

AT-A-GLANCE 2000

**Leading Causes of Disability Among Persons Aged 15 Years or Older,
United States, 1991–1992**



Source: CDC. Prevalence of disability and associated health conditions—United States, 1991–1992.
MMWR 1994;43(40):730–731, 737–739.

“Arthritis currently affects one in six Americans and is the leading cause of disability in the United States. Working together, CDC, the Arthritis Foundation, and state health departments are taking dramatic steps to help states identify the burden of arthritis in their populations and implement proven interventions to reduce disability and improve the quality of life of people with arthritis.”

William J. Mulvihill
Chair, Arthritis Foundation



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Arthritis: The Nation's Leading Cause of Disability

Arthritis and other rheumatic conditions affect nearly 43 million Americans, or about one of every six people, making it one of the most prevalent diseases in the United States. Arthritis comprises a variety of diseases and conditions, including osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, childhood arthritis, gout, bursitis, Lyme arthritis, and carpal tunnel syndrome. These diseases and conditions can drastically reduce a person's quality of life.

Arthritis is not just an “old person’s disease”: nearly three of every five people with arthritis are younger than 65 years.

Arthritis is the leading cause of disability in the United States, limiting everyday activities for more than 7 million Americans. In many cases, arthritis deprives individuals of their independence and disrupts the lives of family members and other caregivers. In addition, disabilities from arthritis create enormous costs for individuals, their families, and the nation. Each year, arthritis results in 44 million outpatient visits and almost three-quarters of a million hospitalizations. Estimated medical care costs for people with arthritis are \$15 billion annually, and total costs (medical care and lost productivity) are estimated at almost \$65 billion annually.

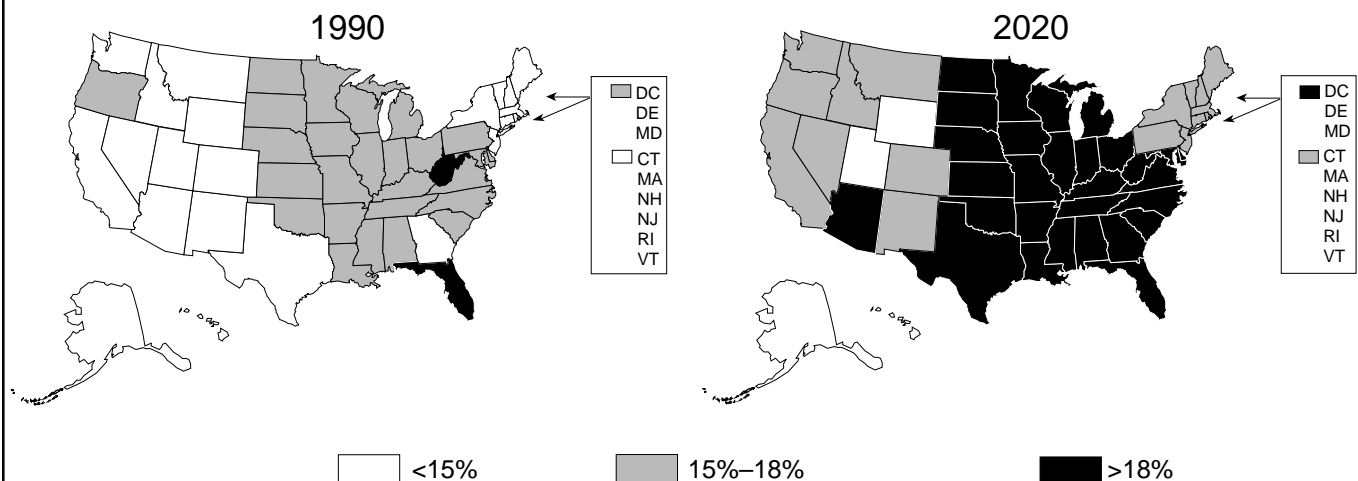
The impact of arthritis is expected to increase dramatically as “baby boomers” age. By 2020, an estimated 60 million Americans, or almost 20% of the population, will be affected by arthritis, and nearly 12 million will experience activity limitations.

Arthritis Can Be Prevented or Controlled

Prevailing myths have portrayed arthritis as an old person's disease, an inevitable part of aging that can only be endured. However, effective interventions are available to prevent or reduce arthritis-related pain and disability. Osteoarthritis of the knee could be prevented by controlling weight and by avoiding certain occupational and sports injuries. The pain and disability accompanying all types of arthritis can be minimized through early diagnosis and appropriate management, including weight control, physical activity, physical and occupational therapy, and joint replacement when necessary.

Effective help is available now for people with arthritis. A course developed at Stanford University, the Arthritis Self-Help Course, teaches people how to manage their arthritis and minimize its effects. This 6-week course, taught in a group setting, has been shown to reduce arthritis pain by 20% and physician visits by 40%. However, in 1997, it still reached less than 1% of people with arthritis. More widespread use of this course nationwide would save money as well as reduce the impact of arthritis.

Estimated Arthritis Prevalence, 1990 and Projected to 2020



Source: Helmick CG, Lawrence RA, Pollard E, Heyse S. Arthritis and other rheumatic conditions: who is affected now, and who will be affected later? *Arthritis Care and Research*, 1995.

CDC Framework for Arthritis Prevention and Control

Implementing the National Arthritis Action Plan

The recently released *National Arthritis Action Plan: A Public Health Strategy*, developed under the leadership of CDC, the Arthritis Foundation, and the Association of State and Territorial Health Officials, proposes a national coordinated effort for reducing the occurrence of arthritis and its accompanying disability. The plan focuses on three areas:

- Programs, policies, and systems that promote increased quality of life for people with arthritis and facilitate prevention measures.
- Surveillance, epidemiology, and prevention research to strengthen the science base.
- Communication strategies and education to increase awareness and provide accurate information about arthritis.

Building Arthritis Programs at the State Level

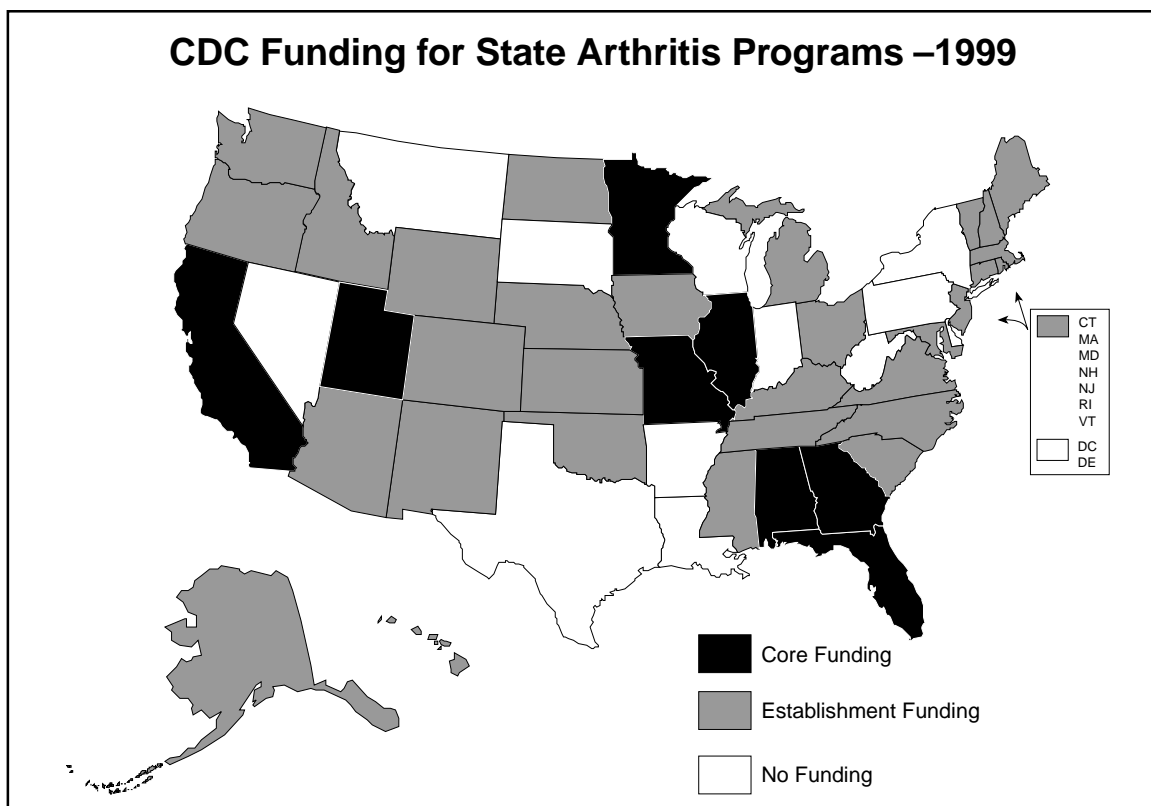
Recognizing the immense burden of arthritis, Congress made available \$12 million in fiscal year 2000 to initiate a national arthritis prevention program. CDC provided grants to 38 state health

departments to help develop and enhance state-based programs to improve the quality of life of people with arthritis and to facilitate prevention, as called for in the National Arthritis Action Plan. States are funded at two different levels:

- Establishment Funding: Thirty state health departments received funding to lay the groundwork for arthritis activities by improving public awareness, building partnerships, and establishing surveillance and planning processes.
- Core Funding: Eight state health departments with existing arthritis activities received additional funds to train staff, expand partnerships, improve public awareness, strengthen surveillance, establish advisory bodies, coordinate statewide arthritis activities, and pilot test interventions.

Promoting Policy and Systems Changes

CDC and states are working with national- and state-level partners to promote and implement the policy and systems changes recommended in the National Arthritis Action Plan. National partners include the Association of State and Territorial Health Officials; the Arthritis Foundation; the American College of



Rheumatology; managed care organizations; and the National Institute of Arthritis, Musculoskeletal and Skin Disorders. CDC and its state partners are working to broaden dissemination of the Arthritis Self-Help Course, to build self-management education into routine arthritis care, and to encourage appropriate physical activity programs for people with arthritis.

Strengthening the Science Base

To strengthen the science base for arthritis, CDC will expand on the following innovative activities already under way:

- **Limiting Disability from Arthritis.** Hip and knee osteoarthritis, the leading causes of arthritis disability and the primary causes of expensive joint replacement surgery, are becoming more prevalent as the population ages. CDC, in collaboration with the University of North Carolina at Chapel Hill and the National Institute of Arthritis, Musculoskeletal and Skin Disorders, is evaluating these conditions and their associated risk factors among residents of Johnston County, a rural area of North Carolina. About 3,200 participants have been enrolled in this study, the first ever to look at arthritis among blacks and whites over time with the goal of learning more about how to prevent and limit its progression and associated disabilities.
- **Clarifying the Important Role of Good Nutrition and Physical Activity.** CDC is supporting research to examine the role of physical activity in preventing or lessening the effects of arthritis. Osteoarthritis of the knee, in particular, is more common among people who are overweight or obese. Good nutrition and exercise are important factors in maintaining a healthy weight. Moderate physical activity is also essential for maintaining the health of joints.
- **Measuring the Burden of Disease.** Information on arthritis trends and prevalence is essential for designing and implementing prevention programs. One mechanism for collecting this information is CDC's unique state-based Behavioral Risk Factor Surveillance System (BRFSS), used by all 50 states

“The Arthritis Self-Help Course helped me learn how to manage the pain, find out that there really are lots of things I CAN do, keep a positive attitude, and better meet the challenges of the workplace.”

—Joyce Gallagher
Denver, Colorado

to collect information from adults on knowledge, attitudes, and behaviors related to a variety of health issues. The 38 states that receive arthritis funding from CDC will add questions on arthritis to their BRFSS surveys. Responses to these questions will help states better define the burden of arthritis among different populations in the state, monitor trends, and improve programs. Most of these states will also include questions on quality of life to assess the impact of joint symptoms on the daily lives of people with arthritis and other disabling conditions.

- **Evaluating Intervention Strategies.** CDC is working with the Rocky Mountain Division of Kaiser Permanente and the Arthritis Foundation of Denver to evaluate the effectiveness of self-help patient education programs for arthritis patients in managed care settings.

Expanding Communication and Education

Another key element of the National Arthritis Action Plan is effective health communication efforts tailored to the public, to people with arthritis and their families, and to health professionals. An example of one such effort is CDC's *Physical Activity and Health: A Report of the Surgeon General*, published in 1996, which provides critical information for health professionals on the benefits of moderate physical activity in promoting healthy joints, relieving arthritis symptoms, and improving function among people with arthritis. CDC is also supporting research to develop and test materials to promote strength training among older adults.

For more information or additional copies of this document, please contact the
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